SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Date Stand (Received) D. 2015 Bayfield Co. Zoning Dept. Soll of

| Refund: | | Amount Paid: | Date: | Permit #: | |
|---------|----------|--------------|----------|-----------|---|
| | 11-13-15 | # <i>370</i> | 11-13-15 | 15:0448 | 4 |

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

| Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilitic Mobile Home (manufactured date) | Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & Mobile Home (manufactured date) Addition/Alteration (specify) (Callie Living | | Proposed Use Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) | oeing applied for is relevant to it) Length: 38 Width: | X 2-Story | ☐ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | Value at Time Value at Time of Completion Project # of Stories * include donated time & (What are you applying for) and/or basement material ## bedrooms Is | Shoreland Structure is from Shoreland Shorelan | ☐ Is Property/Land within 300 feet of River, Stream (Inc. Intermittent) Distance Structure | 1/4,1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Section J. Town of: | PROJECT Legal Description: (Use Tax Statement) 934-3-43-66-02-3-00-222-32000 | Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Contractor From: T(S-794-2685) Agent Mailing Address (include City/ | 10 mg/t ptcr City/State/Zip: | TYPE OF PERMIT REQUESTED→ □ LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE □ SPEK Owner's Name: □ City/State/Zip: □ Cit | |
|--|---|--------------|--|---|---|---|---|--|--|---|--|---|------------------------------|---|---|
| dak | - II | quarters, or | n property) etc.) | | □ 3 ★ Sanitary (E □ Privy (Pit) □ None □ Portable (\) □ Compost T □ None | □ 1 ※ 2 | # bedrooms | Distance Structure | | & Page Lot(s) No. | 43-66-02-200-2 | -3-685 (QS M) SS (include City/State/Zip): Agent Mailing Address (include City/State/Zip): | − | CONDITIONAL USE City/State/Zip: | |
| Porch | ×× | |) Dimensions | | xists) Specify Type: Lold the or □ Vaulted (min 200 gallon) w/service contract) oilet | Iity ary Specify Type: | What Type of Sewer/Sanitary System Is on the property? | F | | vision: | Recorded Documen | tate/Zip): | | SH701 BOA | |
|) /00 | | | - - - | Height: 25-0" | | ☐ City | m Wate | Floodplain Zone? Present? □ Yes □ Yes ※ No ※ No | <u> </u> | Acreage | Recorded Document: (i.e. Property Ownership Volume Page(s) | 794 - 3355 Written Authorization Attached Yes No | cell Phone: 715-577- シンし | Telephone: | 1 |

Owner(s):

Owners listed or

the Deed All Owners must sign or letter(s) of authorization myst accompany this application)

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization must accompany this

Date

Date

Address to send permit SCO++

Hasu

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner; or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum requester previously surveyed corner or marked by a licensed surveyor at the owner's expense. Setback to Septic Tank or Holding Tank
Setback to Drain Field Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Granted by Variance (B.O.A.) Permit #: Issuance Information (County Use Only) Hold For Sanitary: Signature of Inspector: Date of Inspection: Inspection Record: Permit Denied (Date) Setback from the East Lot Line Condition(s): Town, Co Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created Was Proposed Building Site Delineated Please Must complete (1) - (7) above (prior to continuing) 15-0143 below. Draw or Sketch your Property (regardless of what you are applying for) 6 Show:
Show any (*):
Show any (*): Show: Show / Indicate: Show Location of (*): Show Location of: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits. Est 11-9-15 され god. 5 or Board Conditions Attached? ☐ Yes☐ Yes☐ Yes☐ Yes☐ Sold of the second Hold For TBA; MARCE X Yes (Fused/Contiguous Lot(s)) (Deed of Record) 5 North (N) on Plot Plan

(*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% **Proposed Construction** 50 No No 64 Inspected by: Sanitary Number: 48.12 Permit Date: Reason for Denial: M15510~014 Measurement 70 □ Yes 8 M155/03 Hold For Affidavit: No-114" N N N Feet Feet Feet Feet Feet Zow ling (if No they need to be attached.) 2 3-15 Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Setback from Wetland
Setback from 20% Slope I
Elevation of Floodplain Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well dary line from which the sechack must be measured must be visible from 7 0 20 Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description Area N N N Spect Sith water mark Be 1 000 Affidavit Required Affidavit Attached ⊒Yes Yes Lakes Classification Sanitary Date: Date of Re-Inspection: Zoning District Date of Approval: previously surveyed Measurement Yes Yes 0 1-13 ™ % 8 8 □ □ Feet Feet Feet Feet Feet

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BAYFIELD COUNTY, WISCONSIN

Baymold Co.

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Permit #: Date: Amount Paid: \$043/S 万を発

183 ...

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Address of Propert Existing Structure: (If permit being applied for is relevant to it) Proposed Construction: Value at Time of Completion TYPE OF PERMIT REQUESTEDdonated time & material ☐ Non-Shoreland X Shoreland Authorized Agent: (Sebecca PROJECT LOCATION TOUR *include Section E chago 6 (Person Si Addition/Alteration $\hfill\Box$ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes--Legal Description: (Use Tax Statement) Run a Business
Property なべての Relocate (existing bldg) Conversion New Construction , Township igning Application on behalf of 子 系 Project MORE 1357 2 9 Gov't Lot N, Range > 1-Story + Loft # of Stories and/or basement Owner(s)) Basement No Basement Foundation 1-Story 2-Story 0 Lot(s) SANITARY Contractor Phone:

7 15-558 \$ 4968

Agent Phone: PIN: (23 digits) ٤ Mailing Address City/State/Zip: CASIR UT South Table If yes 034-Length: Length: X Year Round -continue -> (incl. Intermittent) continue Seasonal PRIVY Nanalajos Vol & Page Use دلا Chicajohu 7 + Zoruing Depart Plumber: 54821 Agent Mailing Address CONDITIONAL USE City/State/Zip دن × Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms None wN Lot(s) No. 06-03-4 <u>,</u> # _____ CAble Width: 深 Sanitary (Exists) Specify Type: <u>Housing Thane</u> □ Privy (Pit) or □ Vaulted (min 200 gallon) ☐ **Portable** (w/service contract) None ☐ (New) Sanitary ☐ Municipal/City 00 -182 -33,000 Block(s) No. Compost Toilet (Jo 5 20 SPECIAL USE What Type of Sewer/Sanitary System Refund: Is on the property? 6. Volume Subdivision: ☐ Yes ☐ No

Recorded Document: (i.e. Property Ownership 200 feet Ž SHEWI Specify Type: ☐ B.O.A. □
| Telephone: Is Property in Floodplain Zone? Cottone Height: Cell Phone: 75-794-259 Plumber Phone: 75-50 Attached Written Authorization Page(s) OTHER 1 - T Are Wetlands
Present?
□ Yes
¬¬¬No T 2 .Xwell からら Water City

| Proposed Use | < | Proposed Structure | Dimensions | ons . | Square Footage |
|--------------------|----|--|------------|-------|-------------------|
| | | Principal Structure (first structure on property) | × |) | |
| | | Residence (i.e. cabin, hunting shack, etc.) | × | _ | |
| | | with Loft | × | _ | |
| X Residential Use | | with a Porch | × | | |
| | | with (2 nd) Porch | × | _ | |
| | | with a Deck | × | _ | |
| | | with (2 nd) Deck | × | _ | |
| ☐ Commercial Use | | with Attached Garage | × | _ | atto di A |
| | | Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) | × | _ | |
| | | Mobile Home (manufactured date) | × | _ | |
|] | X | Addition/Alteration (specify) New face larges later land states | × | _ | 316 |
| Municipal Use | | Accessory Building (specify) | × | _ | |
| - | | Accessory Building Addition/Alteration (specify) | × | _ | |
| Rec'd for Issuance | 90 | | | | · |
| _ | | Special Use: (explain) | × | _ | |
| | | Conditional Use: (explain) | × | _ | |
| M | | Other: (explain) | × | _ | |
| Secretarial Staff | Ħ | FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES | IES | | |

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, on am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with adm above described property at any reasonable time for the purpose of inspection. Owner(s): (If there are Multiple money Deed All Owners must sign or letter(s) of authorization accompany this application) strect and complete. I (we) acknowledge that I (we) issue a permit. I (we) further accept liability which inistering county ordinances to have access to the 10-8

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

44905 Chuaja

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| | | | Feet | 1 | Setback to Privy (Portable, Composting) |
|------|---------------|--|------|-------------|---|
| | | | Feet | 1 | Setback to Drain Field |
| Feet | 6 | Setback to Well | Feet | 50 | Setback to Septic Tank or Holding Tank |
| | | | | (| |
| Feet | 1 | Elevation of Floodplain | Feet | んつ | Setback from the East Lot Line |
| X No | ☐ Yes | 20% Slope Area on property | Feet | 42 | Setback from the West Lot Line |
| Feet | 1 | Setback from Wetland | Feet | 2 | Setback from the South Lot Line |
| , | | | Feet | () C | Setback from the North Lot Line |
| Feet | - | Setback from the Bank or Bluff | | | |
| Feet | - | Setback from the River, Stream, Creek | Feet | 1360 | Setback from the Established Right-of-Way |
| Feet | ·13 足 り | Setback from the Lake (ordinary high-water mark) | Feet | 146 | Setback from the Centerline of Platted Road |
| | | | | | |
| ment | Measurement | Description | | Measurement | Description |

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | | | | |
|-----------------------------------|-------------------------|--|---------------------------------------|--|--|---|--|-------------------|------------------------------|--|
| Hold For Sanitary Hold For TBA: | Signature of Inspector: | Condition(s):Town, Committee or Board Conditions Attached? The Set No -(If No they need to be attached.) Must get and must compy with Storm | Date of Inspection: 16-77-15 Inspects | Inspection Record: Site / Existing home- | Was Parcel Legally Created WYes □ No Was Proposed Building Site Delineated WYes □ No | Granted by Variance (B.O.A.) Yes IVNo Case #: | Is Parcel a Sub-Standard Lot Yes (Deed of Record) | Permit #: 15-0445 | Permit Denied (Date): Reason | Issuance Information (County Use Only) |
| Hold For Affidavit: | | nes No -(If No they need to be attached) and y Color Thomas | Inspected by: | | Were Property Lines | Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No | No Mitigation Required Mitigation Attached | Date: 11/13/15 | Reason for Denial | Sanitary Number: 48639 # |
| Hold For Fees: | | Show wath a | | 27 | Were Property Lines Represented by Owner Was Property Surveyed □ | ariance (B.O.A.) Case #: | □Yes XINO Aff | | | # of bedrooms: |
| | Date of Approval 1/3 75 | Widet. | Date of Re-Inspection: | Zoning District ((()) Lakes Classification (| □Yes ☑No | | Affidavit Required AYes □ No Affidavit Attached Yes □ No | | | Sanitary Date: 37 . 2666 |

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Bayfield Co. Zoning Dept.

| ecewed) | 5 | APPLICATION FOR PERMIT |
|---------|---|------------------------|

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| Refund: | Amount Paid: | Date: | Permit #: | |
|---------|--------------|----------|---------------|--|
| | 17-13-15 | 11-13-15 | 15-04-6-11 mg | |

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION LINTH ALL PERMITS HAVE REFULS

| Are Wetlands Present? Present? Yes | Is Property in Floodplain Zone? | 7 7 | ure is from Shor | Distance Structure is from Shoreline: fee | ittent) | e, Stream (in fyescc | ☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes—continue — | X Shoreland → |
|---------------------------------------|-------------------------------------|--------------|---------------------|--|------------------------------|-------------------------------|--|------------------------------|
| Acreage 4,83 | Acre | Lot Size | | Namakagon | Nama | ¥ | , Township 43 N, Range 06 W | Section 01 |
| | | Subdivision: | Block(s) No. | Lot(s) No. | Vol & Page 8/1シー | 1330 | 1/4 Gov't Lot Lot(s) | 1/4, |
| e. Property Owner Page(s) / え | Document: (i.e. Property Ownership) | Recorded D | 000 | PIN: (23 digits) 04-034-2-43-06-01-303-000 | s) 2-43-0 | PIN: (23 digits) 04- 0.3 4 | Legal Description: (Use Tax Statement) | PROJECT LOCATION |
| Written Authorization Attached Pes No | Written Attache | State/Zip): | ess (include City/S | Agent Mailing Address (include City/State/Zip): | | Agent Phone: | Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Authorized Agent: {Pers |
| Plumber Phone: | Plumbe | | * | Plumber: | | Contractor Phone: | | Contractor: |
| 015-580-0450 | 0/5-58 | | 2/ | W1 54821 | | City/State/Zip: | Address of Property: 23905 Blue Gill Bay Road | Address of Property: 23905 B |
| Telephone: 115-794-2301 | 7/5~79 | 54821 | Cable, W1 5482 | City/State/Zip: | Mailing Address: PO Box 15-7 | Mailing Address 予の Bok | Lance Bohler & Susan Krongard | Lance Bonle |
| □ OTHER | □ B.O.A. □ | | USE 🗆 SPECIAL USE | CONDITIONAL USE | | ☐ SANITARY ☐ PRIVY | TYPE OF PERMIT REQUESTED> LAND USE SAN | TYPE OF PERMIT REQ |
| | | | | | | AFFLICANI. | RUNOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPEICANT. | C NOT STAKE CONSTRUCT |

□ Non-Shoreland

| Proposed Construction: | Existing Structur | | | | 4 | 25.000 | n | | Value at Time of Completion * include donated time & material |
|------------------------|---|-------------|------------------|---------------------------------|---|---------------------------------|--------------------------------|--------------------|---|
| uction: | Existing Structure: (If permit being applied for is relevant to it) | V Pole Shed | Property | Run a Business on | ☐ Relocate (existing bldg) | □ Conversion | ☐ Addition/Alteration | □ New Construction | Project |
| | r is relevant to it) | | ☐ Foundation | □ No Basement | ☐ Basement | □ 2-Story | ☐ 1-Story + Loft | X 1-Story | # of Stories and/or basement |
| Length: 54 | Length: | | | | | | Year Round | Seasonal | Use |
| | | | | None | | _ 3 | □ 2 | _ H | # of bedrooms |
| Width: LO | vidt. | □ None | ☐ Compost Toilet | ☐ Portable (w/service contract) | ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) | Sanitary (Exists) Specify Type: | ☐ (New) Sanitary Specify Type: | ☐ Municipal/City | What Type of Sewer/Sanitary System is on the property? |
| Height: 2.0 | Height: | | | ntract) | I lted (min 200 gallon) | ify Type: | fy Type: | | pe of ny System roperty? |
| | | | | | | | □Well | ☐ City | Water |

| Proposed Use | < | Proposed Structure | Dimensions | Square Footage |
|-----------------------|---|--|------------|-------------------|
| | | Principal Structure (first structure on property) | (x) | |
| | | Residence (i.e. cabin, hunting shack, etc.) | (x) | |
| | | with Loft | (x) | |
| 📈 Residential Use 🏻 📗 | | with a Porch | (x) | |
| | | with (2 nd) Porch | (x | |
| | | with a Deck | ~ × | |
| | | with (2 nd) Deck | (x) | |
| ☐ Commercial Use | | with Attached Garage | (x) | |
| | | Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) | (x) | |
| | | Mobile Home (manufactured date) | (x) | |
| | | Addition/Alteration (specify) | (x) | |
| - Municipal Use | × | Accessory Building (specify) Pole Building | (54 x 40) | 2160 |
| Don't for locuon | | Accessory Building Addition/Alteration (specify) | (x) | |
| 100 0 10 100001 | c | | | |
| 20 | | Special Use: (explain) | (x) | |
| | | Conditional Use: (explain) | (x) | |
| Secretarial Staff | | Other: (explain) | (x | |

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield country in deventions. I (we) further accept liability which may be a result of Bayfield country relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield country in determining whether to issue a permit. I (we) arctions the providing and that it will be relied upon by Bayfield country in determining whether to issue a permit. I (we) arctions the providing in or with this object plant, we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 11/12/15

Deed All Owners must sign or letter(s) of authorization

ny this application)

Date

Owner(s):

(If there

are Multiple Owners listed

Address to send permit PO Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization š Š N V Cable 3 O_{λ} 1482 nust ompany this application)

Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

| | Hold For Fees: | fidavit: 🗌 | Hold For Affidavit: | For TBA: | arv: | Hold For Sanitary |
|---|--|--|---|---|---|---|
| Date of Approval: 11-13-15 | The state of the s | The state of the s | | | Signature of Inspector: | Signature of I |
| | | | | | o under present | 3 |
| | tached.) | If No they need to be attached.) | Yes □ No | Conditions Attached | To human hab, jeting | Condition(s):Town, |
| on: | | 7 | pected by: | | Date of Inspection: 1/-12-15 | Date of Inspe |
| Zoning District ($oldsymbol{\mathcal{P}}$) Lakes Classification () | | | | 3000 | 45 818 | Inspection Record |
| ⊠Yes □ No | Represented by Owner Was Property Surveyed | Were Property Lines | | Yes ONO | Was Parcel Legally Created Was Proposed Building Site Delineated | Was Propos |
| | Previously Granted by Variance (B.O.A.) Yes No Case #: | Previously Granted ☐ Yes ☐ No | | | வ் | Granted by Va |
| Affidavit Required | □ Yes ¥No | Mitigation Required Mitigation Attached | Is Lot(s)) No | s (Deed of Record) s (Fused/Contiguous Lot(s)) s | Is Parcel a Sub-Standard Lot | Is Parcel Is Parcel in Co Is Structur |
| | | Sign Sign Sign Sign Sign Sign Sign Sign | Permit Date: | | 8년 8년 6년 | Permit #: |
| Sanitary Date: | # of bedrooms: | | Sanitary Number: Reason for Denial: | se Only) | Issuance Information (County Use Only) Permit Denied (Date): | Issuance Information Permit Denied (Date): |
| Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. | Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), Reptic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), Stake or MOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code | on, Septic Tank (ST), Dominication on the Date of Issuance LL Municipalities Are Referral agencies may | of New Construct Expire One (1) Year fi to Family Dwelling: & n, Village, City, State | Land Use Permits Of New One & Tv The local Tow | (9) Stake or Mark Proposition NOTICE: All For The Construction | |
| setback must be measured must be visible from le proposed site of the structure, or must be | other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setb one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner within 500 feet of the produce of the previously surveyer at the owner's expense. | om the minimum required seth | r's expense. It less than thirty (30) feet fi flable by the Department b | ed surveyor at the own ore than ten (10) feet b surveyed corner, or ver | other previously surveyed comer or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from one previously surveyed comer to the other previously surveyed comer, or verifiable by the Department by use marked by a licensed surveyor at the owner's expense. | other previously su Prior to the placem one previously sun marked by a license |
| visible from one previously surveyed corner to the | ndary line from which the setback must be measured must be visi | por . | minimum required setback | thin ten (10) feet of the | ent or construction of a structure wi | Prior to the placem |
| 23S Feet | | Setback to Well | 755 Feet | ^ | Setback to Septic Tank or Holding Tank Setback to Drain Field | Setback to Se Setback to D |
| Feet | odplain | | | | Setback from the East Lot Line | Setback from |
| W A Feet □ Yes ⊠ No | Vetland a on property | Setback from Wetland 20% Slope Area on property | $ \nabla \nabla $ | | Setback from the South Lot Line Setback from the West Lot Line | Setback from Setback from |
| | ne Bank or Bluff | | ン Faat | | Sethack from the North Lot Line | Sethack from |
| rmark) 2800 Feet | Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek | | 66 Feet Feet | Road | Setback from the Centerline of Platted Road Setback from the Established Right-of-Way | Setback from Setback from |
| Measurement | Description | | Measurement | | Description | |
| ed by the Plan | Changes in plans must be approv | C | point) | d to the closest | (8) Setbacks: (measured to the closest point) | |
| | | Ÿ. | | rior to continuing | complete $(1) - (7)$ above (prior to continuing) | Please cor |
| | | | | | | |
| | (e c) | attache | P | | | |
| | | | | | | |
| | | | | | | \ |
| or (*) | North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% | North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% | North (N) on Plot Plan (*) Driveway and (*) Frontage I All Existing Structures on your I (*) Well (W); (*) Septic Tank (S' (*) Lake; (*) River; (*) Stream/s (*) Wetlands; or (*) Slopes ove | | (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): | |
| | 4. | are applying for) | ardless of what you | our Property treg | 9 | |

Bayfield County, WI



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